Combined Declaration	For Patent.	Application	and l	Power of Attorney	/		86621	VFN	OCKET
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD FOR RENDERING DIGITAL RADIOGRAPHIC IMAGES FOR DISPLAY BASED ON INDEPENDENT CONTROL OF FUNDAMENTAL IMAGE QUALITY PARAMETERS									
The specification of which (check	only one item bel	ow):						<del></del>	
X is attached hereto.									
was filed as United State was amended on (if app		rial No. on and							
was filed as PCT interna	•	Number on ar	nd was	amended on (if applica	ble)				
						loims as	amandad bu	ony am	andment
I hereby state that I have reviewed referred to above.	and understand t	ne contents of the	above-	identified specification, in	cluding the c	iaims, as	amended by	any am	endment
I acknowledge the duty to disclos		nt & Trademark (	Office a	ll information known to m	ne to be mate	rial to pa	tentability as	defined	l in Title
37, Code of Federal Regulations, I hereby claim foreign priority be	-	35 United States	Code	8119 (a)-*d) or 365 (b) o	f any foreign	applicat	ion(s) for nat	ent or in	nventor's
certificate, or (365 (a) of any PCT	international app	lication(s) which	designa	tes at least one country of	her than the l	Jnited St	ates of Amer	ica, liste	ed below
and have also identified below ar									
one country other than the United priority is claimed:	States of America	a filed by me on the	he same	e subject matter having a r	iling date bei	ore that	of the applica	ition(s)	of which
PRIOR FOREIGN/PCT APPLI	CATION(S) AND	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.	119:				
COUNTRY (# PCT, indicate PCT)	AP	PLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED U	NDER 35 USC	§119 NO
	<u> </u>						YES		NO
							YES		NO
*:									<u> </u>
I hereby claim the benefit under T	itle 35, United Sta	ites Code, 119 §(	e) of an	y United States provisiona	l application	(s) listed	below:		
PRIOR PROVISIONAL APPLI	CATION(S) AND	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.	§119 (e):				
PROVISIONAL AF	PLICATION NUMBER	· · · · · · · · · · · · · · · · · · ·	+-		FILING DATE (mc	nth/day/year)			
The shade shade to the Court of									
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS O 35USC§120:	R PCT INTERN	ATIONAL APPL	ICATI	ONS DESIGNATING TH	IE U.S FOR	BENE	IT UNDER		
U.S. APPLICATIONS					STATUS (Check one)			<u></u>	
U.S. APPLICATION NUM	BER	*	U.S. FIL	ING DATE	PATENT	ED	PENDING	ABA	ANDONED
						1		1	
PC	T APPLICATIONS D	ESIGNATING THE U.	.S.						
PCT APPLICATION NO.	ET APPLICATIONS DI			U.S. SERIAL NUMBERS ASSIGNED (if any)					

Combined Declaration F		

ATTORNEY DOCKET 86621WFN

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

S	nd Corresp	ondence to:		Direct Telephone Calls to:
		Patent Legal		(name and telephone number)
Eastman Kodak Company				William F. Noval
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		Tooliester, 14	1 14030-2201	FAX: 585-477-4646
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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0	RESIDENCE & CITIZENSHIP	Fairport	New York 14450 USA	US
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2	INVENTOR	Senn	Robert	A
0	RESIDENCE & CITIZENSHIP	Pittsford	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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4	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
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5	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
Mar 6	Robert A. Jen	
DATE /	DATE	DATE
7-24-03	7-24-03	·
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
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